

an accompaniment of battleships instead of the rude wooden craft of yore which had served the older freebooters so well.

To quote from the *Express* of January 15, 1913: "The prime mover in the plot is Adolphe Brezet. The plans include a scheme by which a number of British military and naval men will be recruited. They will then embark on a fleet of armored ships on which they will proceed to Counani, where they will seize the territory referred to, expel any Brazilian troops found there and establish a Utopian republic." According to the cable reports at the time, Brezet was described as "an adventurous Frenchman, posing as a nobleman, who has been identified with more than one abortive buccaneering attempt. He got into trouble in Marseilles in 1902 by posing as a Brazilian naval officer." It was said that Brezet boasted at the time that he was able to arrange loans from German sources amounting to \$50,000,000! Possibly something akin to this figure was mentioned in 1910 when Brezet's embassy, headed by Baron de Ott, tried to lure Thomas L. Reynolds away from the relatively simple life of a Tammany ward leader and into the devious paths of diplomacy and world politics.

While Counani as a sister among nations may be purely theoretical, Counani in a geographical sense has been known for a good long while. The Counanians have laid claim to a Government among themselves for decades, and this quasi-independence, despite non-recognition

abroad, has persisted, notwithstanding various efforts on the part of Brazil to establish her dominance within the boundaries of the little known region immediately north of the Amazon. It is true that the people of Counani are in the main of aboriginal stock, much after the manner of our native Indians, the difference being that the Counanians far outnumber the settlers of Spanish or other origin who have penetrated that section of South America in the last half hundred years.

The Counanians, in order to make plain the justice of their cause, published a diplomatic paper, called "Red Book No. 3," in 1906, and a copy of this has been on file in our State Department at Washington ever since. There is much in that pamphlet to appeal to free spirited Americans, and the claims there adduced should properly be considered apart from the machinations of men like the Baron de Ott and his kind. The Brazilian Government has done little or nothing toward developing the region in question, but the increasing value of rubber, tropical woods and the wealth hidden in the soil have made Counani much to be desired by those in power at Rio de Janeiro. For the same reasons, perhaps, Germany has looked upon the territory with greedy eyes.

According to legend Counani is the place known centuries ago to the peoples of Europe as El Dorado. The pioneer priests of the early days who penetrated into Counani taught the natives to cultivate cacao, coffee, &c., and to create ex-

tensive agricultural areas. This was all before those zealous priests were driven from the country. During the past hundred years or more the vast lands have been known under the title of "Conteste Franco-Bresilien," and have really never been occupied or actually governed by either of these rival claimants. Owing to this unsettled status, the native Counanians in 1874 proclaimed their independence and established a Government of their own. Its first President, M. Chaton, was elected by the people and drafted for the State a Constitution which still bears his name.

The discovery of rich deposits of gold and precious stones brought matters somewhat to a climax in 1895 because of the well known "Maps incident," which was a conflict between the French and the Brazilians. As a consequence those interested claimants decided to leave to arbitration the question of their disputed rights to the territory involved. Accordingly, the protocol of April 10, 1898, was issued, and this led ultimately to the decree diplomatically known as the "Berne Arbitration." The Counanians were not asked to participate in the adjustment, and not unreasonably refused, therefore, to be influenced by the decree or to recognize any impairment of their independence.

In January of 1901 a general election was held in Counani—a month after the decree of Berne, and on the 1st of February of that year Adolphe Brezet was reelected chief of the Government of the

Free State. Agreeably to an established custom, he adopted an Indian name and was thereafter known as Uayana Assu. About this time Brazil annexed, in a documentary sense, the contested territory of old State of Para and despatched a detachment of troops and officials to take possession. Apparently this tenure was not lasting, for the story of Counani, as told in its Red Book No. 3, shows that the Government at Rio de Janeiro was not able to maintain its grip. We read:

"This state of things could not last long. At the beginning of 1903 Brazilian officials and soldiers simultaneously evacuated the annexed territory and when, in view of the organization of the Counanian Government, the Brazilians returned they tried to regain possession by force. The invaders were repulsed, and their weapons fell into the hands of the citizens of Counani Free State."

Fourteen years ago the creole population of Counani numbered more than 300,000. The State, although within the tropical zone, has enjoyed a death rate for many decades far below that of British Guiana, Martinique, St. Lucia and Santo Domingo. It has remained free from the ravages of yellow fever, smallpox and other epidemics. The natives are strictly an agricultural race and are of a peaceful and kindly disposition. These are details which interest "his Excellency" in his enforced seclusion, and they may likewise awaken a general interest in Counani's future—particularly if Kaiserism has had its greedy eye upon the region.

Spanish Influenza Widespread, but Not Severe

THE epidemic of the disease popularly termed Spanish influenza appears to be general over a considerable part of Europe. While attention was particularly directed to it after its outbreak in Spain a few weeks ago, there can be no doubt that it has been epidemic in a very severe form in Germany, Austria and the territories occupied by the Central Powers during the last two years.

Malnutrition and the general weakening of nerve power known as war weariness provide the necessary conditions for an epidemic, and contact between national armies is favorable to propagation. Drought and high winds which fill the air with germ laden dust also tend to spread this disease, which is no doubt one reason why Spain had it, as high winds make Spanish spring an unhealthful season always.

But according to medical reports the epidemic in Spain was not true influenza. The respiratory organs were chiefly attacked, but the microorganism is said to have been *meningococcus*—that is, one of a group which affect the central nervous system and cause cerebro-spinal fever.

However, the influenza raging in England, Germany and central Europe is more like the familiar disease which has been known in epidemic form for centuries, and at the time of its severe outbreak in 1890 was popularly called Russian influenza. In that epidemic the microorganism known as the *bacillus influenzae* was first identified and cultivated. While this organism is found in some severe cases of influenza, another one, the *micrococcus catarrhalis*, also causes such trouble.

Hindered German Offensive.

That the prevalence of influenza in Germany and central Europe was partly responsible for hindering the expected great offensive on the western front has been suggested by medical officers acquainted with conditions on the fighting line. They point out that air borne infection and close contact with infected persons in dugouts double the chances of spreading the disease among soldiers, and that no one with a sharp attack of it could possibly go "over the top."

All reports indicate that the present epidemic has been sufficiently severe on the Continent to affect both civilian population and soldiers, preventing probably 25 per cent. of them from pursuing their usual occupations. It is now reported spreading rapidly in Berlin and a great many other cities in Prussia, also throughout Bavaria and the Grand Duchy of Hesse. It is raging in Nuremberg, and according to latest reports has appeared in epidemic form in Vienna, one of the many victims being the Empress Zita, who apparently caught the sickness after visiting the Vienna hospital.

Despatches through Dutch sources state that a large number of soldiers, victims

Present Epidemic in Europe Believed to Have Had Its Origin in Abnormal Weather Conditions

of the epidemic, are in hospitals behind the line, while many more have been sent back to Germany.

According to Dr. Friedrich Kraus, a specialist of Berlin, the German visitation seizes the victims suddenly. The illness begins with chills, followed by several days of fever. The eyes and throat are affected, tonsils are inflamed, there is slight catarrh of the throat, pains in the head and neck, and sometimes intestinal trouble. Curiously enough the pulse is, according to Dr. Kraus, generally below normal.

British Workers Affected.

He adds: "I think there is no reason for alarm even though we have to deal with cases en masse. It cannot yet be said if it is the same epidemic disease as in 1889 and 1890. As yet we have no certain remedy and the best thing the victims can do is to go to bed and take every ordinary precaution. The illness is not serious when not followed by complications."

In England in the last ten days the influenza epidemic has seriously interfered with work all over the country. It has been especially severe in London and other large cities, where in some quarters queues outside druggist shops have taken the place of the meat and tea queues of former days. These people were all after tonics and influenza medicines, and so great was the demand that the majority of shops were sold out before all the customers had been served.

In the majority of London offices business has been seriously deranged and there is scarcely an office staff that has not been greatly depleted. Telephone, telegraph and postal services, as well as omnibus and tram lines, have been crippled.

Reports from all parts of England indicate a considerable extension of the epidemic. In Northumberland and Durham so many miners are affected that the output of coal is decreasing. At Newcastle labor is daily becoming scarcer, at some places 70 per cent. of the men employed having reported sick. In the Birmingham district, one of the great munition areas of England, thousands of men and women are unable to work. Many workers collapsed at their machines and had to be sent home in ambulances.

The Midlands, Nottingham, Leicester and Northampton are also suffering severely. In these districts the victims are generally those engaged in indoor work. In the Manchester area schools are being closed and the number of cases of influenza is steadily increasing among all classes. The munition works and public services are seriously affected.

In London every effort is being made to combat the spread of the disease. While influenza is increasing steadily in some

London districts, others are so far singularly free from it. In Bermondsey more than 300 girls in a leather factory were attacked within two days. In this district most victims are girls working close together in the large industries. In St. Pancras and Acton the number is very large, whereas in Sydenham, Kensington, Paddington and elsewhere there is not more than the ordinary prevalence of influenza at this time of year. Sir Arthur Newsholme, chief medical officer of the Local Government Board, discussing the outbreak in London, says:

"The present influenza is not so severe as in the great epidemic of 1890-1902. The infection is transmitted by sneezing and coughing, and any general measures of isolation are impracticable except the domestic isolation of the individual patient, which should always be practised. As soon as the symptoms appear the patient should go to bed and remain isolated from others from at least four to five days. Care should be taken to avoid overfatigue or chill during convalescence, as a relapse may be more dangerous than the original attack."

Dr. C. R. Rutland, a well known medical expert, explains that the striking features of the present outbreak are its suddenness, high temperatures and extreme infectivity. "The fever, however," he says, "subsides on the second day, and the patient feels well much sooner than after any of the older forms of influenza. The majority of us have an inherent power of resisting infection, but we should take care to avoid the danger."

Whole Families Stricken.

A result of the appearance of the epidemic has been a great rush to buy clinical thermometers, and in all sorts of unlikely places persons can be seen furtively taking their temperatures. A dealer in medical supplies reported that he had sold more clinical thermometers within the last week or so than in all the previous time he had been in business. There have been instances in suburbs where milkmen have found that the previous day's milk supply had not been taken into the house owing to the sudden collapse of the entire family. Cases have been known of the head of the house, unaffected by the disease, going to business in the morning, leaving the key in the outside of the street door so that the doctor could enter, no one in there being strong enough to admit him.

The supply of fish is threatened. A great number of the Grimsby fishermen have been stricken and many vessels which had started for the banks have had to return to port with their crew incapacitated. In the concentration camps and in the training centres a large proportion of the troops are in hospital. At North

Shields the fleet of herring boats has been kept in the harbor.

Observation of the outbreak indicates no departure from the true influenza type. When influenza visited England in 1709 and 1732 it was called the "fashionable disease," the "new delight" or "the gentle correction" until it received its present name.

The term "*la grippe*," applied to it by the French people, at about the same time was derived either from a Slavonic word meaning hoarseness, or from its way of suddenly seizing upon people in good health. Modern medicine made the acquaintance of the disease in the severe outbreaks of 1847, and especially of 1890.

The original stock cultivation of the influenza bacillus group is believed to exist in mid-Asia, whence it spreads widely when conditions permit. Many epidemics have originated in Russia. The 1890 pandemic began in Bokhara, passed thence to Petrograd, and on to Austria, Germany, France, England, the United States, and thence overseas to India, Australia, New Zealand and South America.

Symptoms Less Distressing.

Epidemiology must explain how a pandemic—that is a disease spreading practically all over the world—gets started. Abnormal atmospheric and climatic conditions seem necessary. Assuming that the home of the influenza bacillus is in Asia Minor, the possibility of the very mild February last having lifted the barrage of cold which usually confines the bacillus to Asia has been suggested.

A spell of wet weather or a moist west wind would probably check the epidemic new prevalent in England. Its apparently haphazard progress may be due to human germ carriers. The theory that epidemics are spread by the upper air currents is not established and would not account for the east to west course of all historic plagues.

A writer in the *Times* says: "Epidemic diseases lose force with each successive visitation, and it was this fact which was the basis of the scientific fancy, unquestionably fallacious, that the Russian influenza was the dim and ineffectual wraith of the medieval Black Death, a scourge that invariably followed the chief trade routes between Asia and Europe, crossing the narrow seas in rat infested vessels."

"In 1918 as in 1890 a swift loss of mental capacity, an inability to think coherently, is the most distressing symptom of influenza, but the aftermath of the attack proved much more severe in 1890, when three days of high fever, a period of formless nightmares between sleeping and waking, left the patient lighter in weight and utterly incapable of mental or physical exertion. A month passed before life became really worth living again, and the mood of chronic loss of zest for work or play continued until the coming of spring. The saying of a victim, 'Well, it cures ambition,' summed up the burden of convalescence. This year's effects, so far as known, are far less distressing."